PTO/SB/21 (09-04)

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TRÂNSMITTAL		Application Number	10/700,297			
TRANSMITTAL		Filing Date	October 31, 2003			
FORM		First Named Inventor	Hutchens, T. William			
		Art Unit	1743			
(to be used for all correspondence after initial t	filing)	Examiner Name	Lyle Alexander			
Total Number of Pages in This Submission	1	Attorney Docket Number	016866-001514			

	a Number of Pages III This Submission								
ENCLOSURES (Check all that apply)									
	Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request	ENCLOSURES (Check all that apply Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund	After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please identify below): Return Postcard						
	Information Disclosure Statement	CD, Number of CD(s) Landscape Table on CD							
	Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53	Remarks The Commissioner is authori Account 20-1430.	zed to charge any additional fees to Deposit						
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT									
Firm Name Townsend and Townsend and Grew N-P									
Signature Success Street Warrang Co.									
Printed	Eugenia Garrett-Wad	kowski							
Date	0/31/05	Reg. No.	37,330						
CERTIFICATE OF TRANSMISSION/MAILING									
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.									
Signature The Land Signature									
Typed	or printed name Linda Shaffer	1 00	Date 10/31/05						

		PTO/SB/17 (12-04)	()
	Complete if Known		IPW
Number	10/700,297		
	October 31, 2003		

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	Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).
	FEE TRANSMITTAL
	For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

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Filing Date	October 31, 2003
First Named Inventor	Hutchens, T. William
Examiner Name	Lyle Alexander
Art Unit	1743
Attorney Docket No.	016866-001514

TOTAL AMOUNT OF PAYMENT		(0) 400		Air Oliir					
		(\$) 180	·	Attorney Docket No.	016866-001514				
METHOD OF PAYMENT (check all that apply)									
Check Credit Care	d [Money	Order None	e Other (please ide	entify):				
Deposit Account Depo					me: Townsend and Townse	end and Crew LLP			
For the above-identifie	ed dep	osit accour	nt, the Director is h	ereby authorized to: (che	eck all that apply)				
Charge fee(s) inc	dicated	below		Charge feet	(s) indicated below, excep	t for the filing fee			
. —			derpayments of fee	e(s) 🖂	, ,	,			
under 37 CFR 1.	16 and	1.17		Credit any o					
WARNING: Information on this for information and authorization on			blic. Credit card into	ormation should not be in-	cluded on this form. Provide	credit card			
FEE CALCULATION									
1. BASIC FILING, SEARCI	H, AN	D EXAMI	NATION FEES						
		NG FEES			XAMINATION FEES				
Application Type		Small Entit \$) Fee (\$)		Small Entity (\$) Fee (\$)	Small Entity Fee (\$) Fee (\$)	Fees Paid (\$)			
Utility	300	150	500	250	200 100				
Design	200	100	100	50	130 65				
Plant	200	100	300	150	160 80				
Reissue	300	150	500	250	600 300				
Provisional _.	200	100	(0	0 0				
2. EXCESS CLAIM FEES						Small Entity			
Fee Description						Fee (\$) Fee (\$)			
Each claim over 20 or, for I						50 25 nt 200 100			
Each independent claim over Multiple dependent claims	er 3 01	r, for Keis	ssues, each muer	endent claim more tr	ian in the original pate	nt 200 100 360 180			
	ctra Cl	aims	Fee (\$) Fe	e Paid (\$) M	lultiple Dependent Claim	- '			
-20 or HP =		× _	=		Fee (\$) Fee Paid	<u>(\$)</u>			
HP = highest number of total claims	•	-		- 8-14 (6)		<u>—</u>			
Indep. Claims Ex	ctra Cl		<u>Fee (\$) </u>	e Paid (\$)					
HP = highest number of independen	t claims								
3. APPLICATION SIZE FEE									
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)									
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = /50 = (round up to a whole number) x =									
4. OTHER FEE(\$)	Fees Paid (\$)								
Non-English Specification, \$130 fee (no small entity discount)									
Other: Submission of	Infor	mation Di	sclosure Stmt			180			
SUBMITTED BY									
305 A									

SUBMITTED BY	Λ		$oldsymbol{L}$		<u> </u>	_						
Signature	Luav	nia)	\mathcal{U}	tma	1	Ŋ	70	Registra (II V)	A ep	o. 37,330	Telephone	925-472-5000
Name (Print/Type)	Eugenia C	Sarrett-W	ack	wski		I					Date 10/3	1/05

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